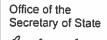
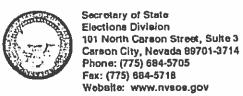
Date: 9/22/2016 11:42:33 AM



Barbara Cegavske Elections Division

**JStokes** 

9/22/2016 #3608



## State of Nevada Committee for Political Action (PAC) Registration Form Page 1

	_		ABOVE SPAC	CE 19 FOR OFFIC	E USE UNLT
New Registration	PAC (Advocating	Passage or Defeat of a Ballot	Question	)	
Annual (Due on or before .	January 15th of <u>each</u> ye	ar; NRS 294A.230(4)(b))	_		
Amended Registration: check all that apply	Change Officers Change Name	Change Registered Ag	jent	Change	Address
Name of Committee: Support the Las Vegas Dome	Other:	revious Name of PAC		phone: ) 235-4222	
Mailing Address: 6077 S. Fort Apache Rd., Ste. 1: Street Name, Number PAC Active Email Address: se	Cit	•	NV State	89148 Zip Code	
REGISTERED AGENT: pursuagent, as provided in NRS 14.					istered
Name of Registered Agent; John P. Sande, IV		ia.		phone: ) 235-4222	
Physical Address; 6077 S. Fort Apache Rd., Ste. 13 Street Name, Number	BO L:	as Vegas ty	NV State	89148 Zip Code	
REGISTERED AGENT ACCE Committee for Political Action.  X Signature of Registered Agent	PTANCE: I hereby acce	ppt appointment as Registered Date: 9/2///		r the above	⊢named
EI 1444					



Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705 Fax: (775) 684-5718 Website: www.nveos.gov

State of Inchana

## Committee for Political Action (PAC) Registration Form

Officer Name and Title:		Telephone:
Brian Phillips		(702) 414-1000
Mailing Address:	and the state of t	
3355 S. Las Vegas Bivd. Street Name, Number	Las Vegas City	NV 89109 State Zip Code
Officer Name and Title:	The state of the s	Telephone:
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:	The second secon	
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
20 8 500	to make the second of the seco	
Street Name, Number	City	State Zip Code
Street Name, Number  AFFILIATIONS: If the PAC is a	city affiliated with any other organizations, list the nation additional pages if necessary).	
Street Name, Number  AFFILIATIONS: If the PAC is a of each organization (please att Name of Organization:	affiliated with any other organizations, list the n	
Street Name, Number  AFFILIATIONS: If the PAC is a confeach organization (please att Name of Organization:  N/A	affiliated with any other organizations, list the n	ame, address and telephone numb
Street Name, Number  AFFILIATIONS: If the PAC is a of each organization (please att Name of Organization:  N/A  Mailing Address:	affiliated with any other organizations, list the n	ame, address and telephone numb
Street Name, Number  AFFILIATIONS: If the PAC is a portion of organization (please att Name of Organization:  N/A  Mailing Address:  Street Name, Number	affiliated with any other organizations, list the n	ame, address and telephone number.  Telephone:  State Zip Code
Street Name, Number  AFFILIATIONS: If the PAC is a portion of organization (please att Name of Organization:  N/A  Mailing Address:  Street Name, Number	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone numb
AFFILIATIONS: If the PAC is a coffeach organization (please att Name of Organization: N/A Mailing Address:  Street Name, Number Name of Organization;	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code
AFFILIATIONS: If the PAC is a of each organization (please att Name of Organization: N/A Mailing Address:  Street Name, Number Name of Organization; Mailing Address:	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code Telephone:
AFFILIATIONS: If the PAC is a confeach organization (please att Name of Organization: N/A Mailing Address: Street Name, Number Name of Organization; Mailing Address:	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code Telephone:
AFFILIATIONS: If the PAC is a confeach organization (please att Name of Organization: N/A Mailing Address: Street Name, Number Name of Organization; Mailing Address:	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code Telephone:
AFFILIATIONS: If the PAC is a cof each organization (please att Name of Organization: N/A Mailing Address: Street Name, Number Name of Organization; Mailing Address: Street Name, Number Name of Organization: Name of Organization:	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code Telephone:
AFFILIATIONS: If the PAC is a cof each organization (please att Name of Organization: N/A Mailing Address: Street Name, Number Name of Organization; Mailing Address: Street Name, Number Name of Organization: Mailing Address: Street Name, Number Name of Organization: Mailing Address:	affiliated with any other organizations, list the natach additional pages if necessary).	ame, address and telephone number.  Telephone:  State Zip Code Telephone:
Street Name, Number  AFFILIATIONS: If the PAC is a	affiliated with any other organizations, list the natach additional pages if necessary).  City	ame, address and telephone number.  Telephone:  State Zip Code Telephone:  State Zip Code Telephone:

51 400